



ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

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OFFICIAL USE
by
Alabama Athletic
Commission
Acknowledgement
of
Receipt

APPLICATION FOR LICENSURE AS A PHYSICIAN

☐ NON-RINGSIDE PHYSICIAN

☐ RINGSIDE PHYSICIAN

Application must include Proof of Citizenship

I hereby make application for licensure in the State of Alabama to serve as a **PHYSICIAN** under the jurisdiction of the Alabama Athletic Commission:

1. Full Legal Name _____

2. Mailing Address _____
Street or Post Office Box City State Zip Code

Telephone (____) _____

E-Mail _____

Date of Birth ____/____/____
Month Day Year

3. Are you a United States Citizen? ☐ Yes ☐ No

If Yes, provide a US Citizen – Citizenship/Legal Presence Document

If No, provide a Non-US Citizen – Citizenship/Legal Presence Document

4. Social Security Number ____/____/____ (REQUIRED)

5. Are currently certified to perform cardiopulmonary resuscitation? ☐ Yes ☐ No

6. Have you taken and passed the Association of Ringside Physicians' (ARP) and American College of Sports Medicine's (ACSM) Certified Ringside Physician (CRP) Exam? ☐ Yes ☐ No

AFFIDAVIT

I hereby certify that I am the person named above. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the State of Alabama Athletic Commission rules and regulations.

Signature of Applicant

APPROVED BY ALABAMA ATHLETIC COMMISSION DATE